MISSOURI STATE BOARD OF HEALTH Do not use this space. SEP I 7 (BR) PHYSICIANS should state PATION is very important. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 29785 1. PLACE OF DEATH Registration District No. File No..... Primary Registration District No., Registered No..... Exact statement of OCCUPATION is RECORD (a) Residence, No..... (If nonresident, give city or town and State) (Usual place of abode) PERMANENT Length of residence in city or town where death occurred mos. VOds. How long in U.S., if of foreign hirth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3\_SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That 1 attended deceased from 5A. 1F MARRIED, WIDOWED, OR DIVORCED MIISBAND OF (OR) WIFE OF INK---THIS 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: MONTHS 7. AGE YEARS DAYS If LESS than 1 day, ......brs. 50 6 アラ or .....min. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ....... WITH UNFADING Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this it may Other contributory causes of importance occupation..... vear).... 2210 12. BIRTHPLACE (CITY OR TOW so that (STATE OR COUNTRY) y item of information sh DEATH in plain terms, 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis 00 Was there an autopsy? (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION. Nature of injury

